

Turocy PS. *Instructor Expertise vs. Competency and Student Learning: Impact and Strategies*

Paradoxes exist in athletic training education. To practice as athletic trainers, we must be able to demonstrate competency in the knowledge, skills, and abilities that span our broad scope of practice. To supervise students preparing to be athletic trainers, preceptors must be credentialed to practice and meet continuing education requirements again across our broad scope of practice. However, to teach students in the classroom/lab settings, AT faculty must be “qualified through professional preparation and experienced in their respective academic areas as determined by the institution”, “be recognized by the institution as having instructional responsibilities”, and must “incorporate the most current athletic training knowledge, skills, and abilities as they pertain to their respective teaching areas”. These requirements then help to prompt the question of how to transition AT educators from competent professionals who are clinical generalist to experts in both the content and clinical skills they are required to teach.

The literature describes distinct differences in not only the methods used but also the learning outcomes of novice versus expert faculty. Faculty who have both content and clinical expertise in the areas that they teach are able to maximize student learning by making connections within and across content areas, as well as understanding their learners. They have deep foundations of factual and theoretical knowledge, understand the facts and ideas in the context of a conceptual framework, and organize knowledge in ways that facilitate retrieval and action. Experts combine information from previously attained, well-developed schemata to fit new learning situations. Their knowledge systems provide a framework by which they can determine relevant information to be included in lessons, devoting attention to and processing information during teaching only when they believe it is relevant to interactive decisions. When clinical expertise is added to content expertise, the expert is then able to tightly compile and interconnect general and clinical knowledge into clinical case scripts (assimilating clinically relevant information with causes and consequences of the clinical issue) and instance scripts (recollections of specific patients who suffered from a disease) to be able to create and present information in the most in-depth and flexible manner possible.

Lacking this foundational background, novice teachers spend much of their limited planning time learning the content rather than thinking about ways to transform that content into forms that are understandable to students or designing appropriate teaching strategies to present new information. They often must first develop or at least modify methods by which to present new content and then elaborate their schemata during planning in often inefficient ways. Research shows that it takes between 2-5 years for novice teachers to become expert, and that time to expertise has been hypothesized to be related to the teachers' development of both content and teaching expertise. While students are able to recognize differences between expert and novice teachers, their improvements in learning outcomes (e.g., exam results) during the first years of these transitions are noteworthy, but are not the whole story. It is often the more intangible aspects of student learning, such as critical thinking ability and reasoning skills that are impacted more. This presentation will discuss these underlying theories and then provide some recommendations to help AT educators to bridge the gap of time during the transition of novice to expert teachers.